Transform (Pines)

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

TFHC Limited operates several cosmetic surgery hospitals and clinics across the country including Transform (Pines Hospital) which was opened in November 2004. TFHC Limited was purchased by an investment group in July 2015. The same investment group also purchased another cosmetic surgery provider in July 2016. Both Transform (Pines Hospital) and the other cosmetic surgery provider are co-located within the same hospital and share the same clinical facilities. They have also merged leadership and governance functions. However, both providers currently have different patient pathways. Transform (Pines Hospital) and the other cosmetic surgery provider are different legal entities and are registered separately with the CQC. We inspected and rated the services provided by Transform (Pines Hospital).

Transform (Pines Hospital) is a three storey hospital based in south Manchester. It has 22inpatient beds across two wards (one ward is an overflow ward), two operating theatres, and recovery unit with four beds – these are based on the second floor. Some administrative functions are based on the first floor. The pre-operative consultation and pre-assessment outpatient clinics are

Summary of findings

based on the ground floors, as are the head office functions. Transform (Pines Hospital) provides various cosmetic procedures, including breast augmentation, rhinoplasty, hair transplants and mastopexy, to patients aged 18 and over. Breast augmentation accounts for approximately 40% of the surgical procedures performed. Services are provided over a seven day period, with a 24 hour on-call team available as required. Over 41,000 surgical procedures have been performed at Transform (Pines Hospital) since it opened in 2004.

We only regulate surgical procedures carried out by a healthcare professional for cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body. We do not regulate – and therefore do not inspect - cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body.

We inspected all aspects of hospital's services that were within our remit using our comprehensive methodology. We carried out the announced part of the inspection on 10 and 11 July2018, along with an unannounced visit to Transform on 25 July 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by Transform (Pines Hospital) was surgery. Where our findings on surgery – for example, governance arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery core service.

This is the first time we have rated Transform (Pines Hospital). We rated it as good overall.

We rated Transform (Pines Hospital) as good because:

- Most staff had completed mandatory training and knew how to protect patients from harm or abuse.
- Staff understood their roles and responsibilities in relation to consent and the mental health act.
- Staff treated patients with care and compassion.
- There were high patient satisfaction scores.
- Staff supported and met the needs of individuals.
- Waiting times were managed effectively.
- There was a positive culture and staff engagement had improved.
- There was a clear governance structure.
- We saw evidence of a comprehensive audit programme that was used to drive improvements and provide assurance.

However, we also found the following issues that the service provider needs to improve:

- The response bag in the outpatients clinic was not checked as often as it should have been (although none of the equipment was out of date).
- During the inspection we saw records were not always securely stored and equipment that had not always been serviced in a timely manner.
- Transform (Pines Hospital) did not monitor or report clinical outcomes effectively, nor was it taking sufficient steps to ensure it could submit data to the Breast and Cosmetic Implant Registry.
- There was a lack of a clear vision or set of values for the organisation.
- Due to the manual processes involved in monitoring and analysing incidents and complaints, there was a risk that trends could be missed.
- Transform (Pines Hospital) had several policies that were beyond their review date.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements to help the service improve. We also issued the provider with two requirement notices. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Incidents were reviewed regularly and we saw evidence of learning from these. There were sufficient staff who were appropriately trained (including safeguarding) and supervised. However, whilst the clinical equipment was visibly clean, some items that had not been serviced. We observed multi-disciplinary team working. Staff also provided evidence-based care and treatment, and there was a comprehensive audit programme to ensure compliance with relevant policies and guidelines. Patients we spoke with were happy with the care provided and this was supported by positive patient satisfaction scores. Transform (Pines Hospital) also met patients' needs in a timely manner. Staff told us about the positive culture within the organisation, and we saw evidence of staff development. There was a clear governance structure within the organisation. Due to manual systems for reporting and monitoring incidents, there was a risk that issues and trends would not be easily identifiable. There were also deficiencies in the reporting of patient outcomes, and a clear strategy or set of values for the service had not yet been developed. However, Transform (Pines Hospital) had developed plans to improve these areas.
Outpatients	Good 	There were sufficient staff to provide safe care and treatment to patients. They had completed mandatory training and responded well to patient risk. Care and treatment was evidenced-based, and staff understood their responsibilities around consent and capacity. Staff were caring and compassionate, and responded well to the individual needs of patients. Whilst there were some issues with the accessibility of managers, staff felt supported and enjoyed working for the organisation.

Summary of findings

Contents

Good

Transform (Pines)

Services we looked at

Surgery; Outpatients.

Summary of this inspection

Background to Transform (Pines)

Transform (Pines Hospital) is operated by TFHC Limited and opened its facilities at the hospital in November 2004. It is a private hospital in south Manchester, England. The hospital accepts patients from throughout the UK. It is one of three hospitals owned by TFHC Limited - the other hospitals are based in the West Midlands and London. Patients can choose which hospital to attend. In addition to surgical procedures, Transform (Pines Hospital) also offers non-surgical treatments such as dermal fillers and laser hair removal. We did not inspect the non-surgical procedures as we do not regulate them.

The hospital has had a registered manager in post since it first opened November 2004.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other inspectors and three specialist advisors with expertise in theatre nursing, outpatient nursing, and surgery. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

Information about Transform (Pines)

Transform (Pines Hospital) is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment and disease, disorder or injury

We visited both wards and operating theatres during the inspection, as well as the outpatient clinic area. We spoke with 57 staff including registered nurses, health care assistants, reception staff, surgeons, operating department practitioners, and senior managers. We spoke with 10 patients and five relatives. We reviewed 15 sets of patient records and eight prescriptions. We also reviewed five complaint files, one root cause analysis investigation and three practising privileges files.

There were no special reviews or investigations of Transform (Pines Hospital) ongoing by the CQC at any time during the 12 months before this inspection. Transform (Pines Hospital) had not been inspected before.

Activity during the reporting period December 2016 to November 2017:

- There were 1,400 inpatient cases, 1,231-day cases and 19,285 outpatient attendances recorded at Transform (Pines Hospital).There were no NHS funded cases.
- Of the patients attending, 53% stayed overnight at the hospital during the same reporting period.

Thirty surgeons (employed or practising under rules or privileges for more than six months) worked at Transform (Pines Hospital). There were three resident medical officers who worked a one week on and one week off rota. There were 23.3 full time equivalent registered nurses, and 15.6 operating department practitioners and health care assistants. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety during the reporting period December 2016 to November 2017:

- One never event (the insertion of an incorrect breast implant)
- Clinical incidents: zero no harm, 57 low harm, two moderate harm, zero severe harm, and zero death
- Zero serious injuries

Summary of this inspection

- Zero incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- Zero incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.difficile)

Transform (Pines Hospital) received 18 complaints about inpatient care and one complaint about outpatient care over the previous three years. One of these complaints was referred to the Independent Healthcare Sector Complaints Adjudication Services.

Services provided at the hospital under service level agreement:

- Resident Medical Officers.
- Blood transfusion
- Private ambulance
- Business contingency transfer arrangements
- Medical records archiving
- Confidential documents waste disposal
- Equipment maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Most staff had completed mandatory training.
- Staff had the skills and experience to protect patients from harm or abuse.
- Staff followed infection control policies and the areas we visited were visibly clean and tidy.
- There were systems in place to identify and respond to patient risk.

However:

- Equipment in the response bag was not regularly checked.
- Medical records were not always stored safely or securely.
- Some medical equipment had not been appropriately maintained.

Are services effective?

Good

We rated effective as good because:

- Staff provided evidenced-based care and treatment.
- Most staff had had their annual appraisals.
- Transform (Pines Hospital) provided a seven-day service where necessary.
- Staff understood their roles and responsibilities around consent and mental capacity.
- We saw evidence of multi-disciplinary team working.

However:

- The service did not monitor clinical outcomes well and was not submitting sufficient data to the Private Healthcare Information Network or Breast and Cosmetic Implant Registry.

Are services caring?

Good

We rated caring as good because:

- Staff treated patient with care and compassion.
- Staff were proud of the work they did and committed to providing a quality service.
- Patients felt supported by staff and there were high patient satisfaction scores.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- Transform (Pines Hospital) met the needs of individuals, supporting patients to make decisions about their care and treatment.
- The service produced information leaflets in different languages and had access to an interpreter service if required.
- Waiting times were managed effectively.
- We saw evidence of learning from complaints and incidents.

However:

- Lessons learned from complaints were not routinely shared with staff in the outpatients department.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- At the time of the inspection, there was no clear strategy, vision or set of values.
- The staff induction programme was not universal across the organisation.
- The service was not compliant with the Private Healthcare Information Network data submission requirements.
- The service did not ensure that staff took appropriate action to enable it to submit sufficient data to the Breast and Cosmetic Implant Registry.
- Transform (Pines Hospital) manual systems made it difficult to conduct trend analysis on incidents.
- Transform (Pines Hospital) had several policies beyond their review date.
- There was no staff recognition programme.

However:

- There was positive staff engagement and culture within the service.The service sought a full and diverse range of people's views and used these to shape the service.
- There were ongoing plans to develop a clear vision and set of values.
- The leadership was visible and accessible.
- There was a clear governance structure with distinct reporting lines.
- Staff felt supported and there was evidence of staff development.
- Transform (Pines Hospital) had systems in place to ensure that clinical staff had the rights skills, experience and qualifications to provide a safe service.
- The service had developed a robust and comprehensive audit programme to help provide assurance to the leadership team.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires improvement	Good
Outpatients	Good	N/A	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are surgery services safe?

Good

We rated safe as **good** because:

- Mandatory training had been completed by 99% of staff.Staff had also received appropriate safeguarding training and knew what to do in the event of a concern.
- The surgical area appeared clean during our inspection and we observed staff and patients using the handwashing facilities in each area.
- Most of the equipment was serviced and visibly clean. However, there were two pieces of equipment that neither had asset numbers or were serviced. Staff rectified this issue as soon as we told them.
- Whilst there were some nurse staffing shortages, this did not affect the service.
- There were sufficient medical staff.
- Records and medicines were managed appropriately.
- There was a robust system for reporting and dealing with incidents and for sharing lessons learnt with staff.

However:

- Staff did not always fully complete medical records, including whether patients consented to their information being submitted to the Breast and Cosmetic Implant Registry.

Mandatory training

- Data supplied by the hospital showed that 99% of surgical staff had completed their mandatory training.
- Mandatory training was delivered either face to face or via e-learning. Subjects covered included Deprivation of Liberty safeguards, assessing mental capacity, equality and diversity and basic life support.

Safeguarding

- There was a safeguarding adults policy in place and in date.
- All the staff that we spoke with told us that they had received training on how to recognise and report any adult or children safeguarding concerns and they knew how to apply it. At the time of our inspection, all staff except one, had received level two safeguarding childrens training as part of their mandatory training.
- Staff could articulate an example of a relatively recent safeguarding issue at the service and what was done.
- There were designated safeguarding leads for the whole organisation should staff require support.
- There was no named lead for female genital mutilation for the service. However, staff had access to safeguarding leads trained to level three, and up to date information regarding female genital mutilation.

Cleanliness, infection control and hygiene

- All clinical areas were visibly clean and tidy.
- There were hand washing facilities in relevant places in all clinical areas.
- There were wall mounted hand gels strategically placed at the entrances to clinical areas and we observed staff and visitors using these in all relevant clinical areas.

- During our inspection we observed all staff washing their hands correctly at appropriate times and in the correct way.
- All staff were required to complete infection control training as part of their yearly mandatory training compliance.
- We reviewed the last three months hand hygiene audit and all were scored at 100% compliance with their guidelines.
- We observed that all staff during our inspection adhered to the bare below the elbows in clinical areas and wore appropriate attire in the clinical areas.
- All sharps bins we saw were being used appropriately.
- The privacy curtains in clinical areas appeared clean and all were dated when to review and change.
- All patients are screened for certain bacterium including clostridium difficile and methicillin-resistant Staphylococcus aureus. An audit from May 2017 until April 2018 inclusive highlighted that there were no cases identified.
- In the same period there were 37 cases of infection at the surgical site (1% of the 3180 procedures carried out during this time).

Environment and equipment

- Access to the whole hospital building was via a controlled access system to monitor staff, patients and visitors in the building.
- There was controlled access to the theatres, offices, store rooms, anaesthetic room and post-operative recovery room to prevent unauthorised entry.
- We observed a storage room in the theatre area containing flammable liquids which the manufacturer stated should not be stored above 25 degrees centigrade. There was no air conditioning in the store room and there was no system of monitoring the room temperature. Therefore, it was unclear whether the room temperature had exceeded 25 degrees centigrade at any point. We escalated this to the management team who rectified this issue immediately. During our unannounced inspection, we observed that air conditioning had been installed in this room, daily checks to monitor the room temperature, and advice on how to escalate should the temperature exceed 24 degrees centigrade.
- The risk register highlighted a lack of hand washing facilities in the majority of the patients' bedrooms, and a risk of infection due to carpeted areas in the wards. However, during the inspection we noted that a programme to install washbasins in every patient bedroom was almost completed. We also observed that the carpets had been replaced with laminate flooring.
- There was equipment on each level of the stairwell to assist in evacuation of immobile patients in the event of an emergency.
- On this corridor there were staff changing rooms, a staff room, notice boards highlighting to staff of different updates, recent audits and such information as female genital mutilation guidelines. This area is only accessible via a key coded door lock.
- There was a room to triage any patients that went back to the hospital due to post-operative concerns or complications. For this purpose, there was a hospital bed and a privacy curtain to maintain the patients' dignity.
- There were two emergency trolleys in this room which were to be used by staff specifically in the event of a diabetic or haemorrhagic (heavy bleeding) emergency. There was appropriate emergency equipment to deal with other emergencies in this room and other relevant areas.
- All emergency equipment in all areas of the surgical unit appeared clean and, where appropriate, had been checked daily as per guidelines.
- There were two new anaesthetic machines which are used during operative procedures; one of which was a spare in case of breakdown. These were checked daily prior to each theatre list commencing.
- The instrument storage room adjacent to theatres appeared clean and tidy. Used and dirty instruments were auto-claved (a process by which medical instruments are cleaned by sterilisation) at a local hospital.

- However, the fridge in the anaesthetic room appeared dirty with fingerprint marks and bits of old tape along the edges and dusty on the top. A metal trolley used for clinical procedures had small rust spots on the back and we found the same issue with the identical trolley in theatre one. A gel pad and arm rest used during the operative procedures each had a tear in them meaning that they posed an infection risk. We escalated these issues to the theatre manager who informed us that these issues were on the risk register. We were told verbally that the department had a plan to replace any equipment that was damaged such as these.

Assessing and responding to patient risk

- The department assessed risks to all patients and responded appropriately.
- There is a 99% compliance with all theatre staff for their yearly mandatory training which includes basic life support and immediate life support.
- The department had an Early Warning Score System Work Practice to aid the early recognition of a deteriorating patient. The work practice applied to all patients following surgery (who had general anaesthesia). Early Warning Score System (EWSS) graded patients on a scale of zero to greater than eight based on their observations. Any patient scoring three or more would be reviewed by the resident medical officer. Any patient scoring five or more was classed as a clinical emergency and required immediate review by the medical team. The work practice was based on guidance issued by the National Patient Safety Agency, and The National Institute for Health and Care Excellence's guidance: Acutely Ill patients in Hospital; Recognition of and response to acute illness in adults in hospital (2017).
- The department had an up to date Medical Emergency and Resuscitation Procedure which was a clear flowchart describing what actions to take if a patient deteriorated. This included when to call the in-house resuscitation team (this consisted of the Resident Medical Officer and two designated registered nurses that carried emergency bleeps), and when to call 999.
- Transform (Pines Hospital) had an up to date Resuscitation Policy which stated that there would be "staff trained in Advance Life Support" at all times. The policy took account of joint statements from the British Medical Association, Royal College of Nursing and the Resuscitation Council (UK). The contract with the third party to supply the resident medical officers stated that they would have appropriate advance life support certification and ongoing training. Transform (Pines Hospital's) three resident medical officers were contracted to work at the hospital on a one week on one week off rota.
- Staff monitored patients' wellbeing during their stay and if there were any concerns there was a protocol to follow that included calling the resident medical officer who was always on site and, if necessary, he would arrange transfer via ambulance to the nearby NHS hospital.
- We viewed documented evidence that risk assessments for venous thromboembolism was carried out for all patients at several points in the patient journey which included prior to admission, on admission and 24 hours following discharge if applicable.
- We observed theatre staff following the World Health Organisations five steps to safer surgery and this was being completed correctly at all times. Patient records also contained completed safer surgery checklists.
- We observed that prior to surgery, women were asked if they could be pregnant. We were assured that the procedure would not proceed if there was any doubt regarding this.
- Patients who needed to be reviewed following their respective procedures were triaged in a designated room near the ward by the resident medical officers and treated and readmitted if required.

Nursing and support staffing

- Staffing on the unit was calculated on a graduated scale per number of patients admitted for procedures. If there was one operating list with up to 11 patients, there was two nurses and one health care assistant allocated to the ward. If there were two lists there was three qualified nurses and if there were over 29 patients there was five nurses and two health care assistants. We were satisfied that the staffing levels in theatres and wards was sufficient. Transform (Pines Hospital) confirmed that staffing levels took account of the Association of Perioperative Practice's staffing guidelines, and those of the Royal College of Nursing.

- Managers reviewed staffing allocation for each area and encouraged staff to submit an incident if there were any staffing issues.
- In the surgical unit which included both theatres and all relevant areas and both wards, there were 21.7 whole time equivalent registered practitioners who were on the nursing and midwifery register. In addition, there were 15.6 whole time equivalent staff which included operating department practitioners and health care assistants.
- At the time of inspection, the service had four whole time equivalent registered nurse vacancies for the ward areas, and five whole time equivalent nurse vacancies for the theatre areas. We were told that there were no vacancies for other health professionals.When there were gaps in staffing rotas, the service used bank nurses (and occasionally agency nurses), or staff worked extra shifts. We did not witness any staffing shortfalls during our inspection.
- On night shifts where there were no patients staying overnight there were no nursing staff present on the ward. However, on each of these nights it was documented that there were two registered nurses on call should they be needed for any readmissions.
- Between December 2017 and May 2018, the average sickness rate was 4.2%.
- Between the same dates, agency nurse usage was an average of 7.5% with a peak in January 2018 at 13%.
- Between these same dates bank staff usage was an average of 13.6% with a peak of 18.6%.

Medical staffing

- There were thirty doctors and dentists that performed cosmetic procedures at the hospital that were either employed by the hospital or who had practising privileges, which meant that they were qualified to practise in their respective roles.
- The surgical team for each procedure was led by the cosmetic surgeon that met the patient prior to surgery. The rest of the team consisted of other health professionals such as anaesthetists, operating department practitioners and theatre nurses.
- There was a theatre team who were on call from home should there be issues out of hours. We were informed during our inspection that the surgeon that carried out the procedure was contactable for his or her patient until they were discharged.
- The hospital has a service level agreement with an agency to supply three resident medical officers who worked rotating periods to cover the service 24 hours per day, seven days per week. The agency provided appropriate training for the resident medical officers.
- There was always a resident medical officer on the premises who carried out routine work during daytime hours and who was on call out of hours.
- Surgeons were personally responsible for reviewing their patients prior to discharge and their schedules are planned to allow this. Where this is not possible, the resident medical officer attends the surgeon's post-operative review on ward.The surgeon would provide the resident medical officer with verbal instruction which would also be documented in the patients notes.

Records

- We reviewed nine sets of records for patients that had undergone their respective surgical procedures. This enabled us to review the complete process of documentation for each patient from their initial consultations through to their respective discharges. We found that staff kept appropriate records of patient's care and treatment. Records were clear, up to date and available to all staff providing care.
- A recent audit of patient records, from April 2018 highlighted that there was a 95.6% compliance with their good record keeping practice.
- We observed that confidential records were kept in a locked cabinet behind the nurses' station on the ward, that only staff had access to.
- In the patient records, there was a sheet that staff members were told to sign, date and put their initials. This assisted in identification of staff members who had documented care in the rest of the notes. However, in the notes that we reviewed we observed that not all

staff were documenting their initials on this sheet. In addition, staff were not regularly completing whether patients had consented for their data to be included on the Breast and Cosmetic Implant Registry.

Medicines

- The service prescribed, stored, gave and recorded medicines well. Patients received the correct medication at the right dose at the right time.
- The service was in the process of changing their processes for purchasing, storing, prescribing and dispensing medication. We were shown the draft standard operating procedure for this new way of working. We were told of plans to train all staff in this new way of medicines management working once the document was ratified.
- The medicines that patients were given to take home were prescribed and dispensed appropriately, as per guidance. All take home medicines were checked by the resident medical officer, who remained on site at all times, prior to being given to the patients.
- We observed that intravenous medications that were used to treat patients during procedures in theatre were only prepared when needed, and not in advance.
- We observed that all medications were stored in locked cabinets and fridges, dependant on manufacturers specifications. All the fridges had been checked daily for temperature control to ensure that the products within were safe to use. On the sheets that these daily checks were documented upon there were notices advising staff of what to do if the temperature of any of the fridges should rise or fall below the acceptable parameters.
- The room in which these fridges were stored benefitted from air conditioning and there was a daily check in place to monitor the room temperature. However, there was no notice highlighting what action to take if the temperature rose above the acceptable level. This was raised to staff at the time of our inspection and a system was implemented with immediate effect to inform staff of what to do in such an event.

Incidents

- Staff were informed that they should report all incidents via the paper recording system that was sent in the first instance to the manager of the specific area and then to the governance lead who kept a record and ensured that they were investigated appropriately.
- All the staff that we spoke to knew how to report an incident and all told us that they were made aware of current incidents at the twice daily safety huddles (at handover of shifts). The handover sheet highlighted any new incidents and immediate lessons learned. Other issues documented on this patient safety huddle form included staffing and complaints and confirmation that the emergency bleep and keys have been handed to the next shift leader.
- There was a folder in each area that highlighted to staff all incidents reported, the lessons learnt and any subsequent action plans.
- We were assured that all incidents were reported and investigated appropriately and observed the feedback folders in the staff areas. Staff were required to sign their name in the file when they had read the incident reports.
- We reviewed the incidents and the subsequent investigations from the last three months and were assured that there was robust investigation and learning from the incidents.

Safety Thermometer (or equivalent)

- The department carried out an audit from May 2017 to April 2018 which highlighted that there was one never event where an incorrect implant was inserted. There has been no patient falls or pressure ulcers. There was one hospital acquired urinary tract infection and one patient had developed a pulmonary embolism seven weeks after their procedure.
- In this period there were three medication related incidents, two where patients were given medication that they had stated they were allergic to and one where an out of date controlled drug (tramadol 50mg) had been destroyed without the controlled drug accountable officer being present. We saw the incident report for the disposal of the controlled drug which highlighted the learning taken from the event.

Good

Surgery

Are surgery services effective?

Good

We rated effective as **good** because:

- Transform (Pines Hospital) provided evidence-based care.
- Nutrition and hydration was appropriate, pain relief was prescribed correctly and on time and patient outcomes were good.
- Staff were competent and there was good multidisciplinary working both within the differing professions in the hospital and external agencies.
- The service operated seven days per week.
- There was relevant health promotion shared with patients.
- Staff followed consent, mental capacity and deprivation of liberty requirements.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service carried out audits to ensure both compliance and effectiveness of care provided. This included record keeping audits to ensure that the correct processes had been adhered to from the initial contact with the company by the patient to discharge following care.
- Staff used guidelines from the Royal Colleges as a basis to determine the treatment they provided.
- We reviewed audits, some ongoing, that were used to benchmark their performance against national guidance to highlight areas for improvement. One example we observed during our inspection was antibiotic prescribing by the surgeons following surgery.
- We saw evidence that the hospital was benchmarking the work that the department was involved in with another cosmetic surgery provider to benchmark and standardise care provision. Their findings were that their care provision and patient outcomes were comparable to those of a similar hospital.

Nutrition and hydration

- Staff gave patients enough food and drink to meet their needs and improve their health. They used hydration techniques where necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The hospital has its own in-house kitchen and chefs who prepared food tailored to the patients' wishes and needs.
- Tea and coffee making facilities were easily accessible 24 hours per day, seven days per week for patients and their immediate families.
- All the patients that we spoke with during our inspection stated that the food and drink they were offered and served during their stay was excellent.

Pain relief

- Staff managed pain well. Patients had access to a variety of analgesia during their respective procedure and in the immediate post-operative period.
- Patients were prescribed adequate pain relief medication for their respective procedures to be given at regular intervals whilst an inpatient and to take home with them when required.
- All the patients that we spoke with during our inspection told us that they were offered pain relief at regular times throughout their stay and that if they asked for further pain relief then they received it.

Patient outcomes

- The service monitored the effectiveness of care and treatment and used findings to improve them.
- The service did not submit comprehensive data to the Private Healthcare Information Network (PHIN) which is a network that aims to inform prospective patients about private healthcare providers.
- During the period January to December 2017 inclusive, the hospital performed 3180 surgical procedures. Of these, surgical site infections were reported in 1.1% (n=37) of cases. We were also told of plans for the hospital to review reporting of such cases in 2018
- A patient experience survey, carried out at the end of 2017, showed the admission experience was rated

between was scored in relation to time waiting before being taken to theatre. This was an area of focus that the hospital team were continually working toward resolving. Responses related to nursing and medical care received were rated above The scores related to the accommodation and facilities within the hospital were rated above .

- The service benchmarked their relevant data with that of a comparable service to learn from, when applicable.

Competent staff

- The service ensured that staff were competent to carry out their respective roles.
- The service had a practising privileges policy in place that is monitored to ensure that all surgeons working at the hospital are competent to carry out their role.
- The registered medical officers whom worked for the hospital were supplied via a private company who ensure that they were trained and competent to perform their role. The hospital saw copies of these respective competencies.
- Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- All the staff that we spoke to told us that they had had their appraisal within the last 12months and that they felt that it was beneficial to them.
- At the time of our inspection we were assured that, except for one member of the theatre staff, all other surgical staff were up to date with their appraisals.
- We observed documentation that all nursing staff on the surgical wards were up to date with their annual appraisal.
- During our inspection we spoke to two second year student nurses who both said that they were supported in their learning with mentors and other staff.
- The hospital told us that they worked closely with a practice education facilitator at a neighbouring trust to ensure the students learning was optimised.
- Registered nurses working on the ward were required to complete a competency self-assessment against which their individual training needs were then agreed.
- We were informed that all staff received a two week supernumerary period of induction when they first start working at the hospital.
- When agency nurses were used, they were required to complete an agency nurse induction prior to commencing their shift which was completed and signed by the agency nurse and the senior nurse on duty. Areas covered included emergency fire procedures, policies, emergency equipment and nursing paperwork including risk assessments.
- We were informed of two recent study days held for staff which covered venous thromboembolism (blood clot) prevention and sepsis.
- We spoke with a porter who was relatively new to the company who stated that he was being trained in all aspects of the post and being trained and mentored by the two more experienced porters in areas such as disposing of clinical waste safely.

Multidisciplinary working

- Staff of all grades worked together as a team to benefit patients. Nurses, doctors, other healthcare professionals and other staff supported each other to provide good care.
- We were told during our inspection that there was good multi-disciplinary team work between all staff.
- There was effective external team working with cosmetic surgery providers, an NHS trust and ambulance services.

Seven-day services

- Services are available seven days per week.
- Their pharmacist visited the site regularly and ensured that there were adequate stocks on site of medications and that they were in date.
- The hospital had service level agreements in place for such services as pathology and microbiology with a nearby hospital which could be accessed at any time.
- Arrangement would be made for those patients that needed further investigations that could not be performed on site to be transferred to a local private hospital.

Good

Surgery

- The procedures performed at this hospital were elective so were booked in advance. The surgical staff were booked to meet the needs of the patients undergoing the procedures and their recovery periods. However, there was always a registered medical officer on the premises who could be contacted by mobile telephone should a patient need to be admitted.
- The resident medical officer informed us during an interview that he has the contact telephone numbers of all the cosmetic surgeons that work at the Hospital.
- We were told during our inspection that most of the patients attending the service for a procedure are day case patients and as such do not stay overnight. However, when patients do need to stay overnight, then sufficient staff to safely care for them are rostered to work.

Health promotion

- Transform (Pines Hospital) did not carry out certain cosmetic procedures if, for example, a patient smoked. Patients were offered advice on smoking cessation.
- We observed staff giving wound care advice to patients prior to discharge.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All the records that we reviewed during our inspection highlighted that all patients had received the required 14 day cooling off period as recommended in the Royal College of Surgeons publication 'Professional Standards for Cosmetic Practice' from agreeing to the procedure to having it carried out.
- Appropriate consent was obtained, documented and where applicable signed.
- We were told that patients capacity to consent to procedures was assessed and staff described to us how a patients GP had been contacted to confirm this in one instance.
- All the patients that we spoke with during our inspection stated that they were not pressurised into any procedure and they were all given at least two weeks to change their minds if they so wished.
- We were told that a translation service would be used to counsel and consent prospective patients to ensure they understood what they were consenting for. If they wished to go ahead, then this translation service would be arranged for the complete inpatient stay also.

Are surgery services caring?

Good

We rated it as **good** because:

- Transform (Pines Hospital) provided compassionate care, good emotional support where necessary and they understood and involved patients and those close to them in their care plans.

Compassionate care

- Staff cared for patients and their families, that were present with them, with compassion. Feedback and observations during our inspection confirmed that staff treated them well, with kindness and compassion.
- The patients and relatives that we spoke with during our inspection described the care they received as good or excellent.
- All staff introduced themselves and communicated well with patients to ensure that they understood what was being said to them.
- Patients were invited to provide feedback regarding their care and the responses were monitored by the team. Of, 1,571 patients surveyed by Transform (Pines Hospital) in 2017, over 95% were satisfied with the time they had to wait for their procedure.

Emotional support

- Staff provided emotional support to patients when appropriate.
- We observed staff providing reassurance and comfort to patients.
- We observed a patient who was nervous about their impending procedure being comforted by the surgeon and told that it was not too late to change their mind if they wished.

Good

Surgery

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in every aspect of their care and treatment.
- We observed staff interacting positively with patients and those close to them.
- Staff spoke to patients and those close to them sensitively and appropriately.
- Patients and their families told us that they received relevant information throughout their care in a manner which they understood.

Are surgery services responsive?

Good

We rated it as **good** because:

- Transform (Pines Hospital) consistently delivered the service to meet the needs and wishes of their patients.
- There were no access and flow issues.
- The service appeared to learn from comments and complaints.

Service delivery to meet the needs of local people

- The service planned and provided services to meet the needs and wishes of people both locally and nationally. The patients that we spoke to told us that they approached the company to enquire about a specific surgical procedure and, if they chose to proceed with this, they were offered dates and times to attend for their respective procedure. All procedures were privately funded.

Meeting people's individual needs

- The service took account of peoples' individual needs and wishes.
- Staff that we spoke to were able to explain how to support and refer to outside agencies for a patient that disclosed a safeguarding issue.
- There was a system in place to contact an interpreting service for patients whose first language was not English and staff we spoke to were aware of how to access this service.
- Nurses worked 12 hour shifts each day meaning that most patients, those who did not require an overnight stay, were admitted cared for and discharged by the same nurse on the ward, thereby providing continuity of carer for the patients.
- We were informed that if a translator was needed for a patient for whom English was not the first language then it could be arranged for a translator to be present in the anaesthetic and recovery room and ward areas.
- The health care assistant on each shift on the ward had a handover sheet to complete for each patient with information boxes including when they had passed urine, the procedure they underwent and meals ordered. This sheet was used to update the health care assistant on the next shift.
- We were informed that surgical procedures were not performed on bariatric patients at this hospital, that they were referred to another hospital.

Access and flow

- The surgical procedures performed at this hospital were all planned and booked in advance and staffing was arranged around these admissions and discharges. However, we were assured that there was always a resident medical officer onsite. Part of their role was to triage any unanticipated readmissions of patients with post-operative complications. In such cases, the necessary staff on call from home were called into the hospital to work.
- During our inspection we noted that there were occasional days when no procedures were scheduled and subsequently no patients admitted. In these cases, there were limited staff on the premises which included the resident medical officer.
- There was a second ward area that could be opened and staffed appropriately when patient throughput required this.
- We were informed that in the last six months there have been no cancelled procedures due to staffing shortages.

Learning from complaints and concerns

Good

Surgery

- On discharge from the hospital all patients are given a patient discharge questionnaire to complete.
- We reviewed the complaints from the preceding six months and saw evidence they had been investigated appropriately and apologies made where necessary.

Are surgery services well-led?

Requires improvement

We rated it as **requires improvement** because:

- There was no defined vision or set of values.
- The service was not compliant with the Private Healthcare Information Network data submission requirements.
- The service did not ensure that staff took appropriate action to enable it to submit sufficient data to the Breast and Cosmetic Implant Registry.
- Transform (Pines Hospital) manual systems made it difficult to conduct trend analysis on incidents.
- Transform (Pines Hospital) had several policies beyond their review date.
- There was no staff recognition programme.

However:

- There was positive staff engagement and culture within the service. The service sought a full and diverse range of people's views and used these to shape the service.
- There were ongoing plans to develop a clear vision and set of values.
- The leadership was visible and accessible.
- There was a clear governance structure with distinct reporting lines.
- Staff felt supported and there was evidence of staff development.
- Transform (Pines Hospital) had systems in place to ensure that clinical staff had the rights skills, experience and qualifications to provide a safe service.
- The service had developed a robust and comprehensive audit programme to help provide assurance to the leadership team.

Leadership

- Transform (Pines Hospital) had managers at all levels with the right skills and abilities to run a service providing high-quality care.
- The surgical department had clearly defined management structure and managers were visible in the wards and theatre areas; there were named managers for both areas.
- There were nursing sisters on the ward to manage the day to day management and leadership of the respective areas. These staff told us that they had one office day per week to facilitate them carrying out this aspect of their role.
- A new chief executive officer has been in place for the TFHC Limited since the middle of 2017.Part of his remit was to merge the two leadership structures that existed between Transform (Pines Hospital) and the other cosmetic surgery provider in the group. This work had been completed and a single leadership structure was in place. However, the chief executive officer accepted that there was still work to do to ensure the organisation had clear vision and values.
- There were three medical advisory committees – one per hospital, including Transform (Pines Hospital) – that provided expert advice to the senior management team.
- Staff told us that managers were approachable, including the chief executive officer. Staff explained that there were regular "townhall" sessions with the chief executive officer where they had the opportunity to ask questions.
- Transform (Pines Hospital) was developing an "emerging leaders programme". This was still a draft proposal but it aimed to identify future leaders and help staff develop.
- Transform (Pines Hospital) had National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures.
- Administrative staff we spoke with told us that there was a focus on patient safety.

Good

Surgery

Vision and strategy

- Transform (Pines Hospital) was in the process of developing its vision and values (one of the actions of the new chief executive officer). However, it told us it focused on providing a safe environment that was accessible to patients, and supporting the development and retention of staff through induction, mentorship and ongoing training. It also aimed to become the market leader in its field.
- In March 2018 the organisation published its 12 month clinical governance strategy. This Included working towards single governance committee (achieved) and the appointment of additional medical directors (achieved).There were planned milestone reviews including a six month review in September 2018.
- Whilst there was no clearly communicated set of values within Transform (Pines Hospital), the HR department had recently held three 'values workshops' across its three hospitals. These workshops aimed to build "meaningful and visible core values". The values would form part of staffs' key performance indicators. Transform (Pines Hospital) aimed to agree at set of values within staff within a month. It shared the initial output from the workshops with us.

Culture

- Transform (Pines Hospital) promoted a positive culture that supported staff, and was engaging with them to develop a set of shared values.
- Staff we spoke with told us that there had been a cultural split between staff working for Transform (Pines Hospital) and those working for the other cosmetic surgery provider. There had also been uncertainty due to planned merger of two governance structures and the associated redundancies.
- However, staff also told us that since the appointment of the new chief executive officer, the culture had improved. One member of staff told us they now felt they were "asset rather than a cost [to the business]".
- Most staff had had their annual appraisals.
- We saw examples of staff development. These included a healthcare assistant who took a phlebotomy course; a member of staff who started in an administrative role and now had management responsibilities; and another who had been supported to undertake an NVQ in customer service.
- Staff told us about the "friendly and family" atmosphere where people worked together. Others described the work as "satisfying" and that it was "becoming a happy environment" to work in.
- Staff felt comfortable approaching their line manager or HR if they had concerns.
- The clinical services manager told us that there was a formal staff induction programme for qualified nursing staff. This included a two week supernummary post based within the various departments. They work alongside a mentor during the six-month probation (with a review at three months).However, the induction programme was not consistent and did not apply to staff transferring from the other cosmetic surgery company.

Governance

- Transform (Pines Hospital) had begun to use a systemic approach to continually improve the quality of its services. Senior management team met weekly and produced a monthly board pack once a month. The board pack contained updates from areas across the group including the medical advisory committee, infection prevention and control committee, legal team, adverse incidents, and the financial position.
- Heads of Departments report directly to the medical advisory committee. The medical advisory committee had been restructured and would meet for the first time in late July 2018 and then every six weeks. It consisted of a range of surgical specialities, anaesthetics, departmental managers and governance leads. The committee reviewed management information, surgeon performance, patient outcomes, incidents, complaints, audits, patient satisfaction levels. It also reviewed infection control, health and safety issues, the risk register, regulatory matters and practising privileges.
- The medical advisory committee's terms of reference, and that of the governance committee, were stored in

central drive and was up to date. They set out how often the committees met, membership requirements, role, duties and responsibilities. The medical advisory committee reported to the governance committee.

- The new governance committee planned to meet for the first time in August 2018 and would meet bi-monthly thereafter. It reported to the senior management team. Part of it responsibilities included reviewing the organisation's risk register.
- As part of the new governance structure, TFHC Limited had recently appointed three medical directors (with different backgrounds) for each hospital, plus a responsible officer. TFHC Limited had previously only had one medical director, who also the responsible officer.
- The responsible officer was responsible for those surgeons employed by Transform (Pines Hospital) and would conduct and sign off appraisals. They also had oversight, including appraisal outcome, of those consultants employed by the NHS but providing services to Transform (Pines Hospital).
- The granting of practising privileges involved a three month application process. Surgeons would have to complete an application form and provide various forms of evidence. Following an interview with the Head of Operations, a decision would be made in conjunction with the responsible officer. We reviewed three practising privileges files and these contained relevant information, including indemnity insurance, to enable Transform (Pines Hospital) to make an informed decision about whether to grant practising privileges.
- Practising privileges were monitored each month to ascertain which surgeons needed to renew their insurance or disclosure and baring service checks, for example. Other information monitored included revalidation dates and appraisals, and insurance provider and policy limit.
- Service Level Agreements for external contractors were managed by the hospital manager. We saw evidence that service level agreements were managed appropriately.
- Transform (Pines Hospital) had a comprehensive audit programme running from May 2018 to April2019.It included monthly hand hygiene audits, and audits of peri-operative care audits and surgical safety checklist. The surgical safety checklist audit consists of observational audits as well as retrospective document review, and so provided assurance to the governance committee following the never event.
- We reviewed five complaints. They were dealt with effectively and met Transform (Pines Hospital) target of responding to complaints within 20 days. Whilst this was not possible on one occasion, the complainant was kept appropriately informed.
- The clinical services manager held ward meetings with nurses every three months to discuss incidents and complaints. The manager also held a separate quarterly meeting with healthcare assistants.
- Transform (Pines Hospital) had received some complaints from patients about waiting times for procedures. It changed its policy so that staff had to provide updates to patients every 30minutes. It also staggered admission times for surgical patients to improve patient flow. Patient satisfaction levels from January to December 2017 showed that over 95% of patients (of 1,571 surveyed) were satisfied with their waiting times, or said they have been kept informed appropriately.
- However, at the time of the inspection Transform (Pines Hospital) did not have systems in place to ensure that records were securely stored or maintained. Neither did it systems fully it could not quickly identify where safety was being compromised (by equipment that had not been serviced appropriately) and respond appropriately and without delay. The service took immediate action to remedy these issues, and we saw that these steps were still in place when we carried out our unannounced visit on 25 July 2018. However, it was too soon after the inspection to say whether the revised systems were fully embedded.

Managing risks, issues and performance

- Transform (Pines Hospital) was still developing systems to allow easy identification of risks and to enable planning to reduce these.

- The hospital had a risk register that, at the time of our inspection, documented ten risks. However, some of these risks such as the carpeted flooring in the patients' areas and lack of hand basins in patients' rooms, had been addressed or were being resolved.
- A consultant microbiologist was recruited in 2010.They chaired the Infection Prevention and Control Committee, and was responsible for infection control across organisation. The microbiologist was also the sepsis lead and had ensured staff had received sepsis training (in June 2018). They had drafted a sepsis management policy, but this was waiting to be ratified.
- The microbiologist had developed an Infection Prevention and Control annual plan for 2018. This included antimicrobial stewardship, emphasised the early recognition of sepsis in line with National Institute for Health and Care Excellence and UK Sepsis Trust guidance, and regular infection control audits.
- We found no evidence that financial considerations had compromised care. Transform (Pines Hospital) had invested in clinical equipment, new flooring throughout the wards and clinic area, and installed sinks in each patient room. It had also upgraded its IT infrastructure.
- Staff gave us examples of how they had managed surgeons who were not performing at an appropriate level (and increased number of post-surgical complications).This included tailoring number of procedures undertaken until the percentage of complications reduced.
- The incident form contained 57 categories of incidents that should be reported. These include anaphylaxis, complete loss of services, drug errors, and wound infection.
- However, as incident reporting was a manual process, the compliance team had to manually input each incident on to a spreadsheet. There are currently two spreadsheets; one for surgical incidents and another for non-surgical incidents.Transform (Pines Hospital) has begun to grade the severity of clinical incidents, but did not do the same for non-surgical incidents. Transform told us that it had drafted a revised incident reporting policy which would mean that all types of incidents were logged on to one spreadsheet and graded.
- There were mixed comments from staff the ease of reviewing incident trends. Manual checks had to be run on two separate spreadsheets to identify patterns or trends. As incidents were not routinely graded, there was a risk that trends might not be identified.
- Transform (Pines Hospital) accepted that the quality of information sent to the Private Healthcare Information Network – an independent organisation that collects data about private healthcare providers - was not ideal as its current systems did not allow detailed data collection relating to coding, patient outcomes or patient satisfaction. Transform (Pines Hospital) had set up a Private Healthcare Information Network working group to look at how it could improve data collection. It had recently appointed a governance information facilitator and was in working with its Private Healthcare Information Network relationship manager to improve compliance.
- Transform (Pines Hospital) was not sending sufficient detail to the Breast and Cosmetic Implant Registry. It explained that the primary issue related to staff not asking patients whether they consented to their data being shared (it was a voluntary registry).Transform (Pines Hospital) told us that it had reiterated the consent requirement to staff and would monitor compliance via its audit programme (although it did not say when this would happen).

Managing information

- Transform (Pines Hospital) had some systems in place to collect, analyse and use information to support its activities, but it acknowledged that there was still work to do in this area.
- Transform (Pines Hospital) gained assurance about its performance by reviewing the number of returns to theatre, reasons for readmission, and incidents raised. It also benchmarked it patient satisfaction scores against the other hospitals in TFHC Limited (it currently achieves over 95% patient satisfaction levels).
- Staff use a paper based system to report incidents. The completed form was sent to their manager for review. It would also be studied by the medical advisory committee and governance committee where the details and any learning would be discussed and actions developed.

- Transform (Pines Hospital) had developed lessons learned posters to highlight learning from incidents. These posters were simple one page summaries that described the background, impact and cause of incident, along with any learning or actions taken. We saw examples of the posters, including the never event.
- Transform (Pines Hospital) kept a Root Cause Analysis 'Tracker' spreadsheet. We saw that this contained timely and up to date actions to help prevent recurrence of the issues identified.
- Transform (Pines Hospital) used a newly introduced newsletter to help inform staff about any issues affecting the organisation. For example, in September 2017 it explained to staff what they should do if a patient was concerns about .The June 2018 edition set out staff responsibilities relating to General Data Protection Regulation.
- There was a link on each computer to the organisation's policies and procedures. These include National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures (these policies were reviewed by the medical advisory committee).
- A new customer relationship management system allowed for greater automation of theatre lists, and improved consistency of information provided.
- TFHC Limited's company secretary was the Caldicott Guardian for all locations (including Transform (Pines Hospital) and all data incidents were reported to them. There had been two security breaches. One had been reported to the Information Commissioners Office (who had said that it was not a disclosable incident).Transform (Pines Hospital) investigated the other case and found no personal information had been shared.
- We saw several policies that were out of date, including children's safeguarding and whistleblowing policies. Transform was aware of this issue which was a consequence of the restructuring of the committees that would usually ratify updated policies. Transform (Pines Hospital) aimed to update all applicable policies within two months.
- Despite out of date policies, staff were up to date in mandatory training including adult and children safeguarding.

Engagement

- Transform (Pines Hospital) had begun to engage well with patients and staff to plan and manage its services. The chief executive officer acknowledged that there had previously been a lack of engagement with staff. However, he now held regular "townhall" meetings. A group wide newsletter was started in September 2017 (with a total of six editions), which focused on organisational developments and contained staff and patient interviews.
- The HR department had recently held a number of 'values workshops' across the three hospitals to get feedback on what values should shape organisation. We saw the initial output from these sessions, but work was ongoing.
- Surgical department staff had regular team meetings in which they could discuss pertinent issues.
- Surgeons had had the opportunity to contribute to new governance structure.
- However, there was no formal hospital wide staff recognition programme.

Learning, continuous improvement and innovation

- We saw evidence that Transform (Pines Hospital) was committed to improving services by learning from when things go well and when they go wrong.
- To increase patient choice, Transform (Pines Hospital) enabled patients to choose from three different breast implant manufacturers. This was a no cost option to patients.
- Transform (Pines Hospital) had begun to utilise Keller funnels for inserting breast implants. It told us that this method could help reduce infection rates and incision size in some cases.
- We saw evidence of efforts to continuously improve the experience of patients. For example, patient feedback had identified poor menu choice as a concern. This resulted in a wider variety of menu options, although we did not see patient feedback scores since the change.
- We also saw learning from incidents, including identification that poor compliance with surgical safety checklist had contributed to a never event. Following the incident, the checklist was included on the audit

programme. In addition, letters reminding staff of their responsibilities to the checklist were sent to all surgeons, and the governance manager visited every hospital to discuss the case. A lessons learned poster was also shared throughout the organisation. Recent audits showed that most staff were complying with the checklist.

- Clinic staff told us that there was good team work. For example, the marketing department talked to clinic staff before and after marketing campaigns to establish their effectiveness.
- Transform (Pines Hospital) acknowledged that the data it submitted to the Private Healthcare Information Network was not as detailed as it should be. We saw evidence of the work it had (and was) undertaking to improve compliance.

Good

Outpatients

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are outpatients and diagnostic imaging services safe?

Good

We rated it as **good** because**:**

- All staff had completed mandatory training.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Equipment and clinical areas were clean and staff followed infection control policies.
- Staff had access to equipment and consumables to provide care and treatment.
- There were processes in patient to identify and respond to patient risk.

However:

- Equipment in the response bag was not checked daily as per policy.
- Records were not always stored in a secure locked cupboard as per policy.
- The servicing of medical equipment was not always performed.

Mandatory training

- For our detailed findings, please refer to the surgery section of the report.
- Data provided showed all staff had completed their mandatory training. Staff told us it was easy to access training.

Safeguarding

- For our detailed findings, please refer to the surgery section of the report.
- Data submitted by the provider showed all staff had completed training in level two in both adult and children safeguarding apart from one member of staff who was scheduled to complete level two in children's safeguarding. Data did not confirm if the member of staff worked within the outpatients or ward area.
- Staff had access to an adults and a children's safeguarding procedure which explained types of abuse and actions to take.However, despite there being designated safeguarding contacts with the service, the policy did not state who they were. Following factual accuracy, the provider told us that safeguarding posters with the names of safeguarding leads were visible for staff to see in the administration office.
- Staff we spoke to were aware of their responsibilities regarding safeguarding patients and the process to follow.

Cleanliness, infection control and hygiene

- Transform (Pines Hospital) had several hygiene policies, but not all of these (for example – hand hygiene) were up to date.However, we observed staff washing their hands prior to seeing patients.
- All patient areas that we visited were visibly clean and clutter-free. All equipment was also observed to be visibly clean.

- Cleaning of the department was provided by an external provider as part of a service level agreement.
- Nursing staff had a daily check list to complete which included cleaning of equipment, however we observed that these were not consistently completed and therefore not assured these tasks were performed daily.
- We requested copies of audits performed within the outpatient's department over the last 12 months and received a hand hygiene audit performed on one different member of staff in May, June and July 2018 all which showed 100% compliance.
- Transform (Pines Hospital) had a comprehensive audit programme for 2018.Previous audits for infection control audit conducted in September 2017 showed 98% compliance with relevant policies. We observed areas requiring improvement had been actioned although these were not dated therefore we are not sure whether the issues had been addressed in a timely manner.

Environment and equipment

- There were systems in place for equipment servicing, testing and maintenance. However, during our inspection, we observed one electronic blood pressure machine was last serviced in 2013 and there was no evidence of any servicing for a further two machines and a set of scales. We raised this at the time of inspection and found all three machines were not listed on the equipment list. The manager immediately took the blood pressure machines out of use and arranged for servicing. During our unannounced inspection we observed the machines had been serviced.
- A response bag containing airways, portable suction and oxygen was located within the outpatient's department. Within the bag were two ampoules of adrenaline for administration in response to an anaphylactic reaction. Staff had received training in anaphylaxis as part of their mandatory training. Nursing staff we spoke to could not recall the amount of adrenaline to administer and told us they would leave this to the doctor.
- We reviewed records from May 2018 to July 2018 and saw that the contents of the response bag were not checked weekly as per hospital policy with no checks recorded on nine days. However, none of the contents were out of date.
- Resuscitation equipment, including defibrillator and emergency drugs were available from the ward area on the first floor of the building. All staff were familiar with the location of the response bag and resuscitation equipment.
- The hospital had appropriate arrangements for the safe handling and disposal of clinical waste and sharps. We observed that the disposal of sharps, such as needle sticks followed good practice guidance. The two sharps containers we observed were dated and signed upon assembling them although the temporary closure used when sharps containers were not in use was only observed in one.
- We requested copies of audits performed within the outpatient's department over the last 12 months and received a treatment room monitoring and decontamination audit. The audit showed 100% compliance in all areas including cleanliness of environment and equipment.

Assessing and responding to patient risk

- Staff had access to the admission criteria and all staff including customer care staff, patient advisors and clinicians were knowledgeable of the admission criteria and staff gave us examples of when a person would not be appropriate for surgery, for example a person who had breast fed within the last three months was not suitable for breast augmentation.
- As part of the pre-operative assessment allergies were recorded and a specific form was completed if patients were allergic to latex Patients with a known high risk allergy to latex with an associated anaphylaxis risk would not be offered surgery. However the provider does told us for all other patients with known latex allergy a process was in place to enable access to surgery. In addition, venous thromboembolism assessments were completed and patients were measured for anti-embolism stockings to wear on the day of and following surgery to help prevent the occurrence of a blood clot.

- Patients were swabbed for Methicillin-resistant Staphylococcus aureus and bloods taken as part of the pre-operative assessment were sent to another provider for reporting on. The results were sent electronically and were reviewed by the surgeon and nurse. Staff told us blood results that were out of acceptable range were telephoned through and these would be reviewed immediately by the surgeon or resident medical officer and relevant action taken. Staff shared with us an example from the previous day where a patient's blood results had been escalated as they were out of range and the patient and their specialist consultant at an NHS hospital was contacted and informed of the results. Staff told us they would usually repeat the bloods and / or inform the patients general practitioner, but in this case, it was important to directly contact the specialist.
- Patients were advised that post-surgery they would not be able to drive and would have to have someone with them for at least 48 hours. Managers told us that staff had identified when a patient, following their surgery, was going home alone and they arranged for a taxi to take the patient to a relative's home.
- All clinical rooms were fitted with an emergency alarm which alerted the ward staff that staff within the outpatient department required immediate assistance. Alarm systems were checked monthly.
- If a patient became unwell, staff told us if there were no doctors within the department they would contact the doctor on the ward to come and review the patient. However, if a patient collapsed, there was a medical emergency and resuscitation procedure for staff to follow. Staff were aware of the procedure and told us that the resident medical officer from the ward would take the lead in the management of the patient.

Staffing

- There was a dedicated team of administration staff and patient advisors within the outpatient department.
- There were two full time and two-part time administrators along with two full time patient coordinators.
- Managers told us they had recently devised a business case as they felt there was a shortage of administrators. Nursing staff told us the shortage of staff had impacted on patient's post-operative records not always being printed off in time for the patient's appointment. During our inspection we observed this had happened on one occasion however the records were accessible electronically.

Nurse staffing

- There were two registered nurses who worked within the outpatient department who provided pre- and post-operative care to patients.
- The planned staffing for registered nurses was two whole time equivalent but the current staffing was 1.2 whole time equivalent. Managers told us bank staff were utilised to fill any gaps to cover sickness or leave.
- Managers told us the vacancy was currently being advertised but could not show us the advert at the time of inspection.

Medical staffing

- For our detailed findings, please refer to the surgery section of the report.
- All patients were referred to a named surgeon or could choose a surgeon they wished to see.
- The hospital utilised three resident medical officers on a rotational basis. A resident medical officer was available 24 hours a day, seven days a week.

Records

- Patients records were kept either in an orange file which was stored in outpatients or a pink file which was kept on the ward. Pre-operative, post-operative and consultation records were scanned to ensure outpatient and ward staff had access to all relevant information.
- Data provided by the hospital confirmed that during the previous three months all patients attending their outpatient appointment were seen with relevant medical records.
- We were informed that if the medical records were not available at time of pre-op consultation, the patient would be invited back for a further consultation. If the

records were not available at the post-operative consultation, the surgeon's electronic operation notes would be accessed, although staff told us this rarely occurred.

- Patients files were placed in holders outside the clinician's room to inform them of the patient's arrival and who was next to be seen; this meant that although most patients were escorted to their appointments there was a risk that patient data was accessible to members of the public. Patients records awaiting appointments for the following day were stored on top of filing cabinets and although this was in a locked room this was not in accordance with the provider's policy. This was raised during inspection and a new process was immediately implemented which meant patient files remained in a secure location.
- Patient records were stored either on top of or within filing cabinets in the main administration office. However, three of the filing cabinets could not be locked. The room was not locked when staff were present, however we observed the room was locked upon them leaving. Following a recent burglary where access was gained via a window in reception, additional measures had been taken by securing the windows so they could not be opened and staff told us the alarm system had been reviewed.
- We observed on our unannounced inspection that all records were stored in locked cabinets and the service had implemented a new process for the records for the following day to be stored securely.
- Patients records were kept in a folder secured with treasury tags. During our inspection we reviewed six patient records and saw these contained all the relevant information, including pre-operative checks, discussion around treatment and risks. All entries were legible and dated however the patients name was not always documented at the top of each page which meant if the pages were to come loose it would not be clear which patient the documentation corresponded to.
- We observed an incident which had been reported in February 2018 where a patient was sent a copy of their records as requested however one page contained information in relation to another patient. The provider contacted both patients and the data breach was reported on an internal log.
- We received a copy of the audit of pre-operative nurse screening records performed in June 2018. The audit of 15 records showed above 93% compliance in most areas (14 of the 15 records). However, there were areas within the document that were not always completed for example 73% (11) patients had printed, signed and dated acknowledgement of pre- op tests section, dated and signed and 80 % (12) had signed to contact GP. Sections in relation to investigations were not consistently completed or marked as not applicable. For example, 20% (3) were completed for pregnancy testing and other investigations. The action documented was to remind the pre-operative nurses regarding completing documentation with re audit in 12months' time.
- There were no audits performed of outpatient records including for medical, patient advisor or post-operative documentation.
- Staff told us on several occasions, they spent time locating patients records as they were misfiled, but had not reported it as an incident as it had been found before the patient's appointment. Managers told us they were aware of the issue and had raised it at team meetings, but staff told us the issue continued. Therefore, there appeared to be lost opportunities for learning.

Medicines

- There were no medicines stored within the outpatient department. However, if a post-operative patient required antibiotics following a review by the ward doctor then these would be issued from the ward stock or the patient was provided with a private prescription.

Incidents

- Managers told us incidents were reviewed and monitored for trends by the governance team who would identify who would investigate the incident.

This meant outpatient managers did not have oversight of all incidents and potential areas requiring change or improvement across the outpatient department.

- Data provided showed across the outpatient department there were eight incidents reported from 1 June 2017 to 30 June 2018; the majority related to post-operative patients who required additional management or care.
- At the time of inspection we requested investigations and action taken in relation to a selection of incidents and found these to be reported within a timely manner although there were not always timelines identified for actions to be taken. For example, the police and patients were notified following the theft of a camera containing patient photographs , but the service did not document the date action, a crime reference number, or if patients had received a formal apology. Transform (Pines Hospital) subsequently told us that all affected patients had been telephoned and received an apology. It also told us that it had contacted the Information Commissioner's Office but were advised it was not a reportable incident. Following factual accuracy Transform (Pines Hospital) provided us a copy of a letter sent out to a patient which demonstrated duty of candour and an action plan with timelines with a responsible person for each action.
- Staff we spoke to had an understanding of duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person
- Managers told us incidents were discussed at team meetings however we only observed this in one of the three team minutes we reviewed. We observed the service had recently introduced a file containing anonymised incidents and lessons learned for staff to read. All staff we spoke to were aware of the file.
- Staff told us they were aware of their responsibilities to report incidents although they indicated only incidents that resulted in a consequence were reported.

Safety Thermometer (or equivalent)

- The service did not collate information relating to the safety thermometer.

Are outpatients and diagnostic imaging services effective?

We inspected but did not rate the Effective domain as we do not collect enough information to rate it in Outpatients.

During our inspection we saw:

- Care and treatment was provided in line with evidence based practice.
- All staff had received their annual appraisal.
- The service was available seven days a week.
- Staff demonstrated awareness and understanding around consent and mental capacity.

However:

- The service did not monitor patient's clinical outcomes.

Evidence-based care and treatment

- For our detailed findings, please refer to the surgery section of the report.
- Staff provided care and treatment in line with evidence-based practice. The service used Transform corporate policies and procedures that had been developed based on National Institute for Health and Care Excellence (NICE) guidelines and professional bodies guidance. We were told these were reviewed and amended centrally to adhere to any changes in advice and guidance.
- Staff had easy access to all the hospital policies and procedures using the department computers. All staff were aware of where policies and procedures were stored.

Nutrition and hydration

- Patients had access to free hot and cold drinks in the main waiting area.

Pain relief

- There was no pain tool used to assess pain levels. However, we observed in the patient's records that post-operative patients were asked about their pain.

Competent staff

- Data provided showed all staff had received their annual appraisal.
- New starters attended a corporate induction and a departmental induction. However, staff transferred over from another provider told us they had not received an induction to the outpatient department and managers confirmed this.
- There were no specific core competencies for staff within the outpatient's service. Managers told us trained staff would access training, for example, in venepuncture as required.
- We reviewed staff files and found these contained certificates to prove completion of training and courses attended.
- Registered nurses including bank staff did not receive any formal support or direct one to one clinical supervision. Managers told us it was expected that the nurses supported each other and to escalate any concerns to their manager and bank staff knew what to do as they had experience from the wards.
- We were told clinical supervision was to be re-introduced as there were supervisors within the company. Outpatient nurse teleconference calls had recently taken place where staff could access peer group supervision. Staff we spoke to felt this meeting was a helpful forum to share experience and knowledge.
- Customer care advisors and patient advisors told us they saw representatives from manufacturers or the provider trainer who would educate them on products available.

Multidisciplinary working

- A range of clinical and non-clinical staff worked as a team in the outpatient's department.
- During our inspection we observed staff working well together and staff told us they had a good relationship with the consultants. However, there were no multidisciplinary team meetings with medical staff held in the department.
- Managers told us there were team meetings which included administration, patient advisors, clinical business manager and nursing staff. They also met with specific groups of staff for example nurses or administration staff if the opportunity arose. We were told minutes from the meetings were emailed out to all staff.

Seven-day services

- Clinic appointments to see the nurse or clinical advisor were available Monday to Saturday, with appointments up to 8pm from Monday to Thursdays. Patients could also access appointments on Sundays which were available two Sundays per month.
- Appointments with the surgeon were subject to their availability and staff told us if a patient was travelling from a distance they would try to facilitate an appointment with the surgeon and coordinator on the same day.
- Outside of these hours patients had access to the hospital wards if they required post-operative care or advice.

Health promotion

- During our inspection, we observed the pre-operative nurses giving patients information and advice regarding stopping smoking, alcohol and recreational drugs in the days prior to and following admission for surgery.

Consent and Mental Capacity Act

- Assessing mental capacity and deprivation of liberty safeguards training was delivered as part of mandatory training.
- Staff demonstrated a basic awareness and understanding of the principles of MCA and told us they would contact the manager if they had any concerns.
- Staff had access to a consent to treatment policy which we were told was currently under review.

Good

Outpatients

- Staff confirmed it was primarily the surgeon's role in assessing capacity to consent, however, they recognised the importance of verbal and implied consent.
- Consultants we spoke to were fully aware of the need and importance in assessing capacity and told us patients would not be consented to treatment if there was any possibility of the patient not having capacity.

- During their pre-operative consultation with the surgeon , patients were asked to sign to give consent for the service to inform their GP following their surgery and to take photographs. Patients were also provided a copy of the consent form for their review and consent was taken on the day of surgery.
- In the seven records we reviewed, we saw that each patient had the risks explained and these were confirmed by the patient's signature. We also observed that following a consultation with the surgeon, patients had at least two weeks cooling off period before surgery was performed.

Are outpatients and diagnostic imaging services caring?

Good

We rated it as **good** because:

- We saw that staff treated patients in a compassionate, dignified, and respectful way.
- Staff were hard working, caring and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did.
- Patients told us they felt fully informed and felt supported by the staff. We observed staff listen to patients and discuss care options and treatments, and provide choice to patients.

Compassionate care

- Patients were respected and privacy and dignity was maintained. All consulting rooms used signage to confirm if a room was 'in-use' and curtains around treatment couches to promote privacy.
- A patient satisfaction survey performed in January 2018 showed 161 (99%) of the 162 patients who responded felt they were treated with dignity and respect. A further questionnaire from the same month showed that of 162 patients who responded 93% were likely or highly likely to recommend the organisation to their friends and family.
- During our inspection we observed pre-operative photographs carried out with dignity and privacy.

Emotional support

- There was a wide selection of information leaflets and booklets regarding different cosmetic surgery, for example, regarding breast enlargement. The booklets explained the patients journey from initial consultation to post-operative recovery including complications of anaesthetic and any associated risks to the procedure.

Understanding and involvement of patients and those close to them

- The service offered and provided a chaperone service to patients – for example, when intimate examinations were necessary, or if patients were anxious or requested additional support. Signs were visible explaining this option both in the reception area and in the consultation rooms.
- We spoke with five patients about the care they received at the hospital. All were positive about the service they had received and felt they had been fully informed and were treated with respect with one patient saying they 'cannot fault the care I have had, and would recommend to others'.

Are outpatients and diagnostic imaging services responsive?

Good

We rated it as **good** because:

- Services were planned to meet the needs of local people.
- Information leaflets for patients were available in different languages or formats.

However

- Although the service treated concerns and complaints seriously and investigated them, lessons learned were not always shared with staff.

Service delivery to meet the needs of local people

- The hospital provided independent healthcare for self-funded patients who referred themselves for treatment. All patients were offered a choice of preferred surgeon, an appointment time to suit them and there were two after care options, with one at an additional cost.
- The outpatient department comprised of one reception, two waiting areas, three treatment rooms, two consulting rooms each used by different specialities. All areas were bright, well furnished, decorated and appropriate for the service.
- The reception area was open-plan; private rooms for such discussions were available if patients wished to raise concerns or discuss personal health or financial matters and we observed these being used during our inspection.
- There was ample free parking available directly outside the hospital and areas were clearly signed.

Meeting people's individual needs

- The hospital main entrance could be accessed via a ramp for wheelchair users and all rooms were also accessible.
- In the waiting areas there was a television, radio and reading materials for patients and their family.
- Information booklets were available throughout the department. Patients were provided with specific information relating to their proposed surgery. It stated in the booklets these were available in languages other than English or in different formats, for example with large print. However, staff we spoke to were not aware of this.
- Translation services were available for patients whose first language was not English. Staff told us if required, the clinical advisors would arrange translation services prior to the appointment.

Access and flow

- Patient advisors initially took calls from patients who enquired regarding treatment. The advisors all had guidance regarding the patient criteria for certain conditions, for example if they required a letter from their GP. During our inspection we spoke to one advisor who was knowledgeable about the criteria and guidance and gave us examples of when she would advise patients to consult their GP, for example those with a past medical history of depression.
- The hospital did not formally advertise waiting times in the waiting area. However, reception staff monitored these and told us they would apologise and inform patients if clinics were running late and, if they were not happy to wait, would offer to book an alternative appointment. During our inspection no clinics were running late.
- Data provided showed from June 2017 to June 2018 the service cancelled two surgeon clinics; one due to sickness and the other due to diary error which meant nine patients were re scheduled to another day. In addition, the nurse led clinics were cancelled on three occasions due to staff sickness which resulted in 10 patients being rescheduled.
- Staff told us they would attempt to contact new patients up to three times if they had not attended their arranged appointments. If staff were unable to contact a post-operative patient who failed to attend their appointment, they would inform the patients GP.
- Data provided showed from January 2018 to June 2018 there were 33 patients who did not attend their post-operative review appointment. All patients were contacted and a new appointment was rescheduled and attended for 32 of the patients. The service did not provided details as to what action was taken for the patient who was not rescheduled.

Learning from complaints and concerns

- The outpatient service received 19 complaints between December 2016 and November 2017.
- Complaints were escalated and dealt with by the providers complaints department, however managers told us they tried to resolve complaints locally if possible.

Good

Outpatients

- Staff we spoke to were not aware there had been many complaints and had not received any feedback following a complaint.
- During our inspection we observed a selection of complaints and found these to have been appropriately actioned and responded.
- One manager told us following a recent complaint; the manager had spoken to and supported the staff member concerned, but had not discussed lessons learned with the team as this was an individual error.

Are outpatients and diagnostic imaging services well-led?

Requires improvement

We rated it as **requires improvement** because:

- The staff induction programme was not universal across the organisation.
- The national lead clinic nurse was not always available due to their national role.
- It was not clear that risks, performance issues, audit results or complaints were being discussed at team meetings.

However:

- Nurses had support from the administration manager and access to peer group supervision.
- Nurses mostly complied with the screening document.

Leadership

- For our detailed findings, please refer to the surgery section of the report.
- The administration manager was based within the outpatients department and managed the administration staff.
- The national lead clinic nurse managed nurses within the outpatient department but also across the region. Nursing staff told us that although the national lead clinical nurse was based within the same building they were not always available due to their national role.However, outpatient nurse teleconference calls had recently taken place where staff could access peer group supervision. and they could get non-clinical support from the administration manager.

Vision and strategy

- For our detailed findings, please refer to the surgery section of the report.

Culture

- For our detailed findings, please refer to the surgery section of the report.

Governance

- For our detailed findings, please refer to the surgery section of the report.
- The outpatient department completed a nurse pre-operative audits (a review of the screening document).In June 2018 this showed that nurses complied with most sections of the document, although pregnancy test section was only marked in 20% of cases.
- The service targeted customer service advisors and patient advisors to achieve their 135patients a day target. Staff that did not meet this requirement were given coaching and support.

Managing risks, issues and performance

- For our detailed findings, please refer to the surgery section of the report.
- Staff told us team meetings were held for all staff within the outpatient's department, although these were not on a regular basis. We were told minutes from the meetings were emailed out to all staff. We reviewed the minutes from the last three team meetings and saw in two of the three actions required were documented to the designated person. We noted there was no set agenda and in one set of minutes information regarding discussion was vague - for example, 'review of risk assessments and action plans and all audits complete and up to date'. There was no evidence of discussion of risk or performance including incidents or audits in the minutes from the other two meetings. We are therefore not assured if all risks and actions taken were discussed and shared across the team.

Good

Outpatients

Managing information

- For our detailed findings, please refer to the surgery section of the report.

Engagement

- For our detailed findings, please refer to the surgery section of the report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

We found areas for improvement in this service.

Action the provider MUST take to meet the regulations:

- The provider must ensure that its systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of its service users.
- The provider must ensure that it maintains securely an accurate, complete and contemporaneous record in respect of each service user.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve:

- Ensure that it continues to work with staff to develop a clear vision and set of values.
- Ensure that it has a system in place to review all policies and assure itself that they contain relevant, up to date information and that these are regularly reviewed.
- Ensure that it continues to take steps to improve the reporting of data to external agencies where appropriate.
- Continue to work on improvements to the monitoring and trend analysis of incidents and complaints.
- Consider including managers as part of the review process for all incidents in the outpatient department.
- Consider monitoring competencies for all staff in the outpatient department.
- Consider introducing induction programme for all staff joining or transferring to the service.
- Consider introducing processes to ensure all key governance issues and lessons learned are disseminated to all staff across the outpatient department.
- Consider implementing a staff recognition programme.
- Consider including staff transferred to Transform (Pines Hospital) on its formal induction programme.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance Systems or process must be established and operated effectively to ensure compliance with the requirements in this part. Such systems and processes must enable the registered person, in particular to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance Systems or process must be established and operated effectively to ensure compliance with the requirements in this part. Such systems and processes must enable the registered person, in particular to maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(2)(c)